

Lexington Department of Recreation and Community Programs
Mail-In Registration Form

Last Name _____ First Name _____ M _____ F _____

Address _____

Home Phone _____ Work Phone _____ Cell # _____

Email Address (please print) _____

Grade

D.O.B. _____ Age _____ Fall 15 _____ School _____ T-shirt size _____

Emergency Contact Name & Phone _____

Special instructions and/or information that the instructor needs to be aware of:

(medical concerns, allergies, special needs, etc.) _____

I/We, the parent(s)/guardian(s) of _____ a minor, or I, _____
_____ hereby consent to participation in the Town of Lexington Department of Recreation and Community Programs, pictures to be taken of my/our child for advertisement and/or promotion of program and to his/her use of recreational facilities and equipment of the Town of Lexington. I/We further agree to release and save harmless the Town of Lexington, its officers, employees, agents, and attorneys from any and all liability or expenses arising out of any incident involving, or on account of any injury to the above named minor in connection with such program, hereby give permission to the Town of Lexington Department of Recreation and Community Programs staff to provide and administer immediate first aid and authorize a physician at a local hospital to secure proper treatment for my/our child as named above if the need arises.

Adult Participant or Parent Signature _____ Date _____

Please Print Adult Participant or Parent Name _____

Program Title	Date/Day/Session	Time	Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

I would like to donate to the Recreation and Community Programs financial aid fund which allows children to participate in Recreation and Community Programs in the community.

Donation Amount \$ _____

TOTAL PAYMENT INCLUDED (program fees & donation): \$ _____

Type of Payment: VISA _____ MasterCard _____ Discover _____ Check _____ Cash _____

If paying by credit card: Card Account # _____ Exp Date _____

Cardholder Signature _____

Make checks payable to the TOWN OF LEXINGTON and mail registration and payment to:

Lexington Recreation and Community Programs

1625 Massachusetts Avenue, Lexington, MA 02420

You may also use the Town Hall Drop Box in front of the Cary Hall Building